

## **Application for Employment**

Dear Applicant,

Thank you for considering a position with King County, a government dedicated to serving the people of King County, Washington.

Please fill out the entire application. Providing complete and accurate information on your education, work experience, and skills will help identify whether you are a qualified candidate for the position.

King County is an equal employment opportunity employer. Applicants are considered for positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation (including gender identity), or any other basis prohibited by federal, state, and local laws.

If you need an accommodation in the application or testing process, please call the contact person listed on the job announcement. King County fully supports the Americans With Disabilities Act and will provide reasonable accommodation.

## Instructions

- 1. Submit a separate application for each job opening. Applications are accepted only for open positions.
- 2. Type or print legibly in ink.
- 3. Include the job title and announcement number on the application. If you are applying for more than one position, please note the correct job announcement number on *each* application.
- 4. Answer all questions. If a question is not applicable, enter "N/A". An incomplete application may delay action or disqualify you.
- 5. All information you provide is subject to verification.
- 6. Return all required materials indicated on the job announcement.
- 7. If you are claiming Veteran's Preference, submit a copy of your DD-214 with your application.
- 8. Date and sign the application. If not signed, the application will not be complete. (Note: If submitting the application electronically, a typed name will substitute for a written signature.)
- 9. Send your completed application packet to the address listed on the job announcement. Applications sent to the wrong address may not be processed.
- 10. Your application must be received by the date and time indicated on the job announcement.
- 11. Applications and supporting material will not be returned.
- 12. Allow a minimum of four to six weeks after the announced closing date for a reply to your application. If you have a question about the job, contact the person or office listed on the announcement.

Human Resources Division
Department of Executive Services
Employment center: 500 4th Avenue, Room 450, Seattle, WA 98104
King County jobs website: www.kingcounty.gov/jobs

**24-hour job line**: 206-296-5209

Alternative formats: 206-296-7586 or TTY Relay 711

			APPLI	CANT DATA SHEET	Γ			
Job a	pplying for:				Job anno	uncement #:		
Name	Name (Last, First, Middle):							
Mailir	ng address:							
City:				State:		Zip code:		
E-ma	il address:							
Home	e phone:		Are you cui	rrently a King County c	areer serv	ice employee?	Yes N	No
How did you hear about this job? List specific website, newspaper, etc.								
If you need a disability accommodation in the application or testing process, please call the contact number listed on the job announcement.								ie
	AFFI	RMATIVE A	ACTION INFORM	MATION – CONFIDE	ΝΤΙΔΙ Δ	ND VOLUNTAL	RY	
coc	AFFIRMATIVE ACTION INFORMATION – CONFIDENTIAL AND VOLUNTARY  King County is committed to non-discrimination in employment. To assist in this effort, we ask your voluntary cooperation in responding to the questions below. The data collected will be used for statistical and affirmative action purposes only. Responses will not be used in evaluating your application. Definitions of the categories on this page are available at http://metrokc.gov/jobs/aadefs.htm.							
1.	Are you N	/lale F	emale					
2.				n of Mexican, Puerto R nericas, regardless of r		an, Central or So Yes No	uth American, o	r
3.	Race: (not Hisp	anic or Latin	no)					
	African A	American/Bla	lack: A person havii	ng origins in any of the	black racia	al groups of Afric	a.	
				on having origins in the tribal affiliation or comr			America who	
	Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, the Philippine Islands, and Vietnam.							
	Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands							
		<i>aucasian:</i> A East, or Sout		ins in any of the origin	al peoples	of Europe, North	Africa, the	
	Two or r	more races: i	A person who iden	tifies with more than or	ne of the fi	ve races listed al	oove.	
	If you se	elect this opti	ion, please indicate	e a primary race:				
4.	•	•	s defined by the A	mericans with Disabi	ilities Act	(ADA)? Yo	es No	
5.	Have you ever I	been on act	tive duty in the U.S	S. Armed Forces?	Yes	No		
6.	If you have been on active duty in the U.S. Armed Forces, which, if any, apply?							
	Vietnam Era veteran							
	Special disabled veteran							
	Recently	y separated v	veteran					

Other protected veteran



## King County is proud to be an Equal Employment Opportunity employer

## Alternative formats of this application are available by calling 206-296-7586 or TTY Relay 711

JOB FOR WHICH YOU ARE APPLYING

Job title:	Job announcement #:					
PERSONAL INFORMATION						
Name (Last, First, Middle):	JNAL INFORMATIO	VIN .				
Mailing address:						
City:	State:		Zip code	·		
	State.		Zip code	J.		
E-mail address:	NA v - / - I t - v -	-41-				
Home phone:		Message/alternate phone:				
Types of employment desired:	Full Time	Part Tir	me	Temporary		
Are you 18 years or older?	Yes No					
If hired, can you show verification of your legal r	ight to work in the U	nited St	ates?	Yes	No	
Are you claiming Veteran's Preference?	Yes No (if	yes, ple	ease subr	nit a copy of yo	ur DD214)	
Have you ever been convicted of a felony? were convicted:	Yes No	(if ye	es, list the	date and for wh	nat you )	
Note: A conviction will not necessarily bar you from	employment and will b	e consid	lered only	if it relates to the	job duties.	
ADDI	ICANT STATEMEN	7				
I declare under penalty of perjury under the laws of the state of Washington that all information I have provided in my application materials is true, complete, and correct. I also declare that I have not omitted any information called for by this application. I understand that any information I provide (or fail to provide) that is found to be false, incomplete, or contains a misrepresentation in any respect will be sufficient cause to (i) cancel further consideration of this application or (ii) subject me to discipline, up to and including termination, if I am hired.						
I expressly authorize, without reservation, King County, its representatives, employees, or agents to contact and obtain information from all employers and references and to verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding King County or its representatives for seeking, gathering, and using such information in the employment process and all other persons or organizations for furnishing information about me.						
DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE						
I have read, fully understand, and accept all terms of the above Applicant Statement. I also understand that if my application is not signed, it is not complete and I may be disqualified from being considered for this position. (Note: If submitting the application electronically, a typed name will substitute for a written signature.)						
Signature:	D	)ate:				

	EDUCATION,	TRAINING, AN	ID LICENSES					
Note: In Washington State, it is unlawful to knowingly use a false academic credential or to falsely claim to have a credential issued by an accredited college/institution recognized by the U.S. Department of Education.								
Did you graduate from high school? ☐ Yes ☐ No ☐ GED								
Degrees and	Associate's date:	☐ Bachelor'	S date:	Master's date:				
dates earned:	☐ Ph.D. date: ☐ 、	JD date:	☐ Other:	date:				
Higher educati training instit	Degree, diploma, professional certificate, registration, license							
	HISTORY	Y WITH KING (	COUNTY					
Are you currently a King County employee?								
☐ ( ☐ Termina	ed in lieu of being terminated for Cause (misconduct, performan Inted for (select one): Cause (misconduct, performan	nce, etc.)	☐ Layoff	☐ Other reason ☐ Other reason				
	elatives employed by King Co	•		(if yes, please provide details)				
Name:	Position:			Relationship:				
FOR OFFICE USE ONLY								
Accepted Disqualified Analyst:	Accepted subject to: Experience	Education		Other (specify): Date:				

EMPLOYMENT HISTORY						
			ployer, list work and volunteer experie or you may be disqualified from beil			
1	From: (MM/YY)	Employer'	s name and address:	Type of business:		
	To: (MM/YY)					
Job	title:					
Sup	ervisor's name an	d phone #:				
Ηοι	ırs per week:		Last salary: \$	# of employees supervised:		
Rea	ason for leaving:					
Dut						
MA	Y WE CONTACT	THIS EMPL	OYER? Yes No			
2	From: (MM/YY)	Employer'	s name and address:	Type of business:		
	To: (MM/YY)					
Job	title:					
Sup	ervisor's name an	d phone #:				
Ηοι	ırs per week:		Last salary: \$	# of employees supervised:		
Rea	ason for leaving:					
Duties:						
MAY WE CONTACT THIS EMPLOYER? Yes No						
3	From: (MM/YY)	Employer's name and address:  Type of business:				
	To: (MM/YY)					
Job title:						
Supervisor's name and phone #:						
Hours per week:			Last salary: \$	# of employees supervised:		
Reason for leaving:						
	Duties:					
MA	Y WE CONTACT .	I HIS EMPL	.OYER? Yes No			

CONTINUATION SHEET FOR EMPLOYMENT HISTORY								
4	From: (MM/YY)	[	Employer's name and address:			Type of business:		
	To: (MM/YY)							
Job	title:							
Sup	Supervisor's name and phone #:							
Hou	rs per week:			Last salary: \$			# of employees supervised:	
Rea	son for leavin	g:						
Duti	es:							
MA	Y WE CONTA	CT TH	IIS EMPL	OYER?	Yes	No		
5	From: (MM/YY)		Employer'	s name and addre	ess:		Type of business:	
	To: (MM/YY)							
Job	title:							
Sup	ervisor's nam	e and	phone #:	Γ				
Hours per week:			Last salary: \$			# of employees supervised:		
Rea	Reason for leaving:							
Duti	Duties:							
MA	Y WE CONTA	CT TH	HIS EMPL	OYER?	Yes	No		
6 From: Employer's name and			s name and addre	ess:		Type of business:		
To: (MM/YY)								
Job title:								
Supervisor's name and phone #:								
Hours per week:			Last salary: \$			# of employees supervised:		
Reason for leaving:								
Duties:								
MAY WE CONTACT THIS EMPLOYER? Yes No								
Use this space to account for any gaps in your employment history								
Date		to	nt for any	Activity:	<del>hoyme</del> nt	HISTOLY		
Date		to		Activity:				